



Douglas N. Engelman Esq.  
Lepley, Engelman, Yaw and Wilk, LLC  
140 East Third Street  
Williamsport, PA 17701

January 13, 2020

RE: Susan Marie Anderson Vs. Geisinger Medical Center  
Case No. 201902772

Dear Douglas N. Engelman Esq.,

This letter is to acknowledge receipt of your questionnaire/letter in the Harrisburg Regional Office on January 7, 2020.

Thank you for contacting our office regarding your client's concern. Please note that in order to insure an efficient and fair method of processing all of the documents received in our office, all of the documents we receive are assessed on a "first-come, first-served" basis.

We anticipate assessing your client's document **within 9 to 12 months** of its receipt. After your client's questionnaire has been assessed, you will be contacted by a member of the Intake Staff as to whether the Commission has jurisdiction to assist you. If our staff determines we need additional information to proceed or that we do not have jurisdiction over your client's complaint, you will be notified of such at that time.

**Please note that you have the option of drafting your client's complaint instead of waiting for our staff to do so. Complaints drafted by attorneys will be assessed upon their receipt. If you choose to draft your client's complaint, please reference the above case number when submitting it for assessment.**

Again, thank you for contacting us, and we appreciate your patience with our processes.

Respectfully,

Regina Young  
Clerk Typist II, Clerical Staff  
(717) 783-8498  
reyoung@pa.gov





**PENNSYLVANIA HUMAN RELATIONS COMMISSION  
EMPLOYMENT DISCRIMINATION QUESTIONNAIRE**

**1. YOUR CONTACT INFORMATION**

Name Susan Marie Anderson  
 Address 943 West Market Street  

<u>Trevorton</u>	<u>Street</u>	<u>PA</u>	<u>Apt.</u>
			<u>17881</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>	

 Phone Number: (H) N/A (Cell) (570) 809-6679  
 Work: N/A E-mail address: mitsi97a@gmail.com

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name Connie Sekulski Phone Number H:(570) 473-8789 C: (570) 415-6725  
 Address 454 5h Street Northumberland PA 17857  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. AGAINST WHAT EMPLOYER DO YOU WANT TO FILE YOUR COMPLAINT?**

Employer Name Geisinger Medical Center (Please use your employer's name as indicated on your paycheck or W-2 form)  
 Address in PA 100 North Avademy Drive Danville PA 17821  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (570) 271-6211 E-mail address: \_\_\_\_\_

Pennsylvania county where you were harmed: Montour

**NUMBER OF INDIVIDUALS WHO WORK FOR THE EMPLOYER:**

Fewer than 4  4 to 14  15-20  20+

Type of Business Hospital

Is the employer a federal agency?  Yes  No

**3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. Check all that apply.**

**Write the date(s) you were harmed beside the discriminatory event or action:**

Discharge 10/15/2019  Lay-Off \_\_\_\_\_  Failure to Recall \_\_\_\_\_  
 Forced Transfer \_\_\_\_\_  Denied Transfer \_\_\_\_\_  Demotion \_\_\_\_\_  
 Forced Leave \_\_\_\_\_  Leave Denied \_\_\_\_\_  Unequal Wages \_\_\_\_\_

Unequal Benefits \_\_\_\_\_  Failure to Hire \_\_\_\_\_  Failure to Promote \_\_\_\_\_

Discipline (Suspension, Warning, etc.) \_\_\_\_\_  Harassment\* Began 5/27/2019

\*Complete question #7 if you were harassed

Forced to Quit \_\_\_\_\_

Not accommodated because of your:  Disability \_\_\_\_\_  Religion \_\_\_\_\_

**OTHER**, please be specific: Fired without being in disciplinary period.

**4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?**

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, non-job related disability or the use of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check reasons which explain why you were harmed.** Also, please identify your race, color, religion, national origin or ancestry, etc. If you were discriminated against based on those factors.

Male  Female  Pregnant

Age (40 or older only): Date of Birth 11/21/1959

Race \_\_\_\_\_  Color \_\_\_\_\_

Religion \_\_\_\_\_  Ancestry \_\_\_\_\_

National Origin (country in which you were born) \_\_\_\_\_

Association with a person of a different race than your own:

Your race \_\_\_\_\_ the other person's race \_\_\_\_\_

Use of a guide or support animal \_\_\_\_\_

Refusal to perform, participate in, or cooperate in abortion or sterilization services

GED  Other \_\_\_\_\_

I have a disability. (please complete #8)  The employer treats me as if I am disabled.

I had a disability in the past. (please complete #8)

I have a relationship or association with someone who has a disability. (please complete #8)

**RETALIATION**

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission \_\_\_\_\_

- If you filed a complaint with another agency, list the agency's name and date of filing:

Date you complained about discrimination to a manager \_\_\_\_\_

Date you assisted someone in complaining about discrimination \_\_\_\_\_

**5. WHEN WERE YOU HIRED OR WHEN DID YOU APPLY FOR A JOB WITH THE EMPLOYER?**

Date you became an employee: September 2011

Position for which you were hired: RN Vascular Access placing IVs, pics, care of lines.

What was your position at the time you were harmed? Same as above.

If you were seeking to be hired by an employer:

When did you apply? \_\_\_\_\_ When did you learn you were not hired? \_\_\_\_\_

**6. STATE THE REASONS THE EMPLOYER GAVE YOU FOR ACTIONS THAT HARMED YOU.**

Not following uniform, not following CICARE guidelines.

Who told you about the employer's reasoning for the action? Include his or her job title.

Michele Long, Operations Manager

When were you told about the action taken against you? (Date or Dates)

10/15/2019: Terminated. Paperwork given was false and inconsistent.

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a male employee you were disciplined for a work violation, but a female employee who committed the same work violation was not disciplined.

Name of employee - First and Last (if known)

I reported sexual assault and harassment against Jared Carpenter (friends with manager), and he was allowed to resign.

Uniforms - Andrew Carado, at Sullivan out of uniform.

How is this person different from you? For example, what is his or her race, age, religion, etc.?

Linda Snyder - many complaints, CICARE; no discipline, still there.

Please explain **exactly** how this person was treated better or differently than you. Include dates.

On July 5, 2019, Jared slapped my butt in a patient's room. Stated sexual comments. After telling my manager, she began to look for things. He was allowed to resign. I was told to remove my artificial nails, which I did. Others wore artificial nails, gel nails, or had chipped polish and they weren't written up.

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else.

The other two staff nurses wear tops without "RN" and without Geisinger logo as required on 10/15/2019 and every day before.

**7. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES IN #4, ANSWER THE FOLLOWING QUESTIONS.**

What is your disability? \_\_\_\_\_

How long have you had this disability and when did it start?

Do you still have this disability?  yes  no

If yes, how much longer do you expect to have the disability? \_\_\_\_\_

What major life activities do you have great difficulty performing because of your disability (Check all that apply.)

Seeing  Hearing  Bending  Walking  Lifting  Stooping  Turning  
 Climbing  Running  Talking  Standing for long periods  
 Sitting for long periods  Caring for yourself  Thinking  Concentrating  
 Relating to Others

Other Major Life Activities (Be specific) \_\_\_\_\_

If you have had a disability in the past, when did it start, and what date did it end? \_\_\_\_\_

If your employer treats you as if you are disabled: What disability do they think or believe you have? \_\_\_\_\_

Who are the people that are treating you as disabled (names and positions or titles)?  
\_\_\_\_\_

Why do you think that these people think or believe you have a disability?  
\_\_\_\_\_

How did your employer learn about your disability? \_\_\_\_\_

On what date did they learn about your disability? \_\_\_\_\_

Which specific manager/official/agent) learned about your disability? (include title or position)  
\_\_\_\_\_

If you are related to someone who has a disability, what is your relationship to this person?  
\_\_\_\_\_

What is this person's disability? \_\_\_\_\_

How and on what date did the employer learn about this person's disability?  
\_\_\_\_\_

Did you ask for an accommodation or assistance in order to do your job?  yes  no

IF YES,

(1) To whom did you make your request? \_\_\_\_\_

(2) What date was the request made? \_\_\_\_\_

(3) Explain what the accommodation or assistance was that you requested, and why.

\_\_\_\_\_

\_\_\_\_\_

Did the employer provide your requested accommodation or assistance?  yes  no

If so, on what date? \_\_\_\_\_

Did the employer provide some other accommodation or assistance instead?  yes  no

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Did the employer deny your request for an accommodation or assistance?  yes  no

If so, who denied your request?

\_\_\_\_\_

What date was the request denied? \_\_\_\_\_

What reason was given to you for the denial? \_\_\_\_\_

\_\_\_\_\_

**8. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.**

Name the person(s) who harassed you: Jared Carpenter

His or her position or job title RN, VAT.

When were you harassed? Starting date 5/27/2019 Ending date When he resigned July 2019

Is the harassment still continuing?  yes  no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

One time only \_\_\_\_\_  Once a day Every day I worked with him.

Several times daily \_\_\_\_\_

multiple times/week \_\_\_\_\_

multiple times/month \_\_\_\_\_

Please provide two or three examples of the harassment you experienced.

He would pump his hips, grind to my chair when I sat at the computer, said "if you didn't remind me of my mom I would so have sex with you." Slapped my butt in a patient's room and then said "For your age I thought you would have a squishy ass but it is tight."

Did you consider any of the above acts of harassment to be especially severe and/or offensive?

Yes  No If so, please explain why. He is scary because he has been heard threatening people on the phone and was off for a week getting his psych meds adjusted.

Did the harassment have a negative or harmful effect on your work environment, health or personal life? If so, please explain:

Yes. It caused a hostile work environment. The females were afraid of him.

Did you complain to anyone about the harassment?  Yes  No

To whom did you complain?

Michele Long, Operations Manager; she had an HR person on the speaker phone when I complained.

Name \_\_\_\_\_ Position or job title \_\_\_\_\_

What date did you complain? 7/10/2019. They had him stay off at my request.

Did the harassment stop after you complained about it?  Yes  No

If it ended, on what date did it stop? From the date of the complaint.

After you complained, were any other actions taken against you? (for example – discipline, discharge, etc.)  Yes  No

What were the actions? My story (written) went to Michele; I couldn't send it directly to HR. She wrote up things about my performance and fired me. She had previously said I do great at my work.

On what dates did they occur? Discharged on 10/15/19.

Who took the action against you? Michele Long, Operations Manager

Did this person know that you complained about the harassment?  Yes  No  
Please Identify someone who is different than you and who was treated better:

Tina Woodward and Renee Nye complained. Linda Snyder does not follow CICARE, has many complaints, not disciplined.

Name \_\_\_\_\_ Position or job title \_\_\_\_\_

Reason they were treated better than you as discussed in #4 above: \_\_\_\_\_

How were they treated better regarding the harassment?

They were not terminated.

**9. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE.) IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.**

Yes  No Court \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date filed \_\_\_\_\_

**10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:**

Name of the agency with which you filed \_\_\_\_\_

Date of filing \_\_\_\_\_ Inquiry or Complaint number \_\_\_\_\_

**11. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)**

**YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.**

*I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. Section 4904, relating to unsworn falsification to authorities.*

Signature Janet Marie Anderson

Date 12-30-19

**IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.**

I complained about sexual assault and harassment and the manager allowed him to resign (they are friends). She then started looking for ways to retaliate. I was terminated; I was not in disciplinary process. I was on a committee (scheduling) and I got a raise at the end of July. You can't get there if you are in disciplinary process. I was praised for care in the psych unit for apt. The first two reasons were right after Jared had resigned. The reason about the 6th floor patient was wrong saying the nurse on BP6 and to try to get an IV; BP6 doesn't do their own IVs. I never asked them to try. So that was a lie. She fired me as retaliation for her friend ; he was allowed to resign. He can go back to work at Geisinger; I cannot. I wasn't offered a different position. I have names of people that complain about Lisa Snyder and she is still there.